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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop REISSUE Director of US Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	7382-000020/REA
	First Named Inventor	Giacomini et al
	Original Patent Number	6,371,268
	Original Patent Issue Date (Month/Day/Year)	04/16/2002
	Express Mail Label No.	EL 623481749 US

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ **Utility Patent**☐ **Design Patent**☐ **Plant Patent****APPLICATION ELEMENTS (37 CFR 1.173)**

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))


☒ Written Consent of all Assignees (PTO/SB/53)

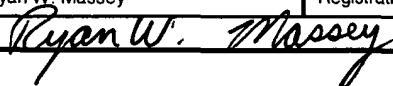
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for surrender
☒ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: check in the amount of \$750 (filing fee)

14. CORRESPONDENCE ADDRESS

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Signature		Date	June 25, 2003

16235 U.S. PTO
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06/25/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 7382-000020/REA			
Claims as Filed - Part 1									
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee	Rate	Fee		
(A) 2	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 2	**** 0	X\$ _____ = X\$ _____ =		or	X\$18=	0	
(C) 1		(D) 1	* 0				X\$84=	0	
Basic Fee (37 CFR 1.16(h))					\$ _____			\$ 750	
Total Filing Fee					\$ _____	OR		\$ 750	
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** 4	MINUS	** 20	=0	X\$ _____ = X\$ _____ =		or	X\$18=	0
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 14	=0				X\$84=	0
Total Additional Fee					\$ _____	OR		\$ 0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>08-0750</u> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>750</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>June 25, 2003</u></p> <p>Date</p> </div> <div style="width: 60%; text-align: center;"> <p><u>Ryan W. Massey</u></p> <p>Signature of Applicant, Attorney or Agent of Record</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>_____ Ryan W. Massey, Reg. No. 38,543 Typed or printed name</p> </div>									